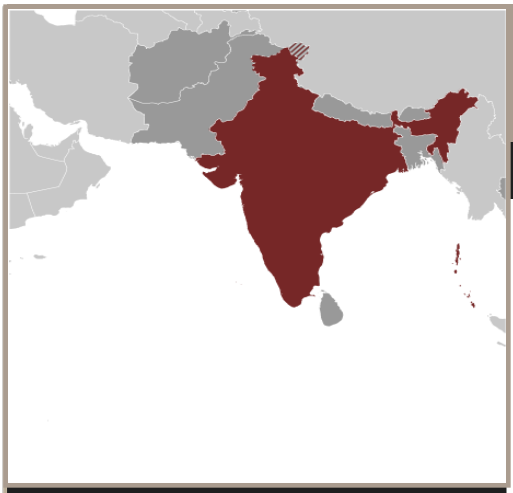

CDC in India

Factsheet

The Centers for Disease Control and Prevention (CDC) collaborates with the government of India, Indian institutions, and international organizations to address a wide range of infectious and noncommunicable diseases and to strengthen India's health systems to reach national and international goals.

Staffing
11 U.S. Assignees
16 Locally Employed

Impact in India

- Reduced polio from 1,934 confirmed cases in 1998 to one case in 2011 and **zero cases in 2012**
- Trained 886 staff from district AIDS prevention and control units in 189 high-HIV prevalence districts across India between 2010 and 2011
- Responded to the 2009 influenza pandemic by providing reagents for testing H1N1 virus within one week of virus detection

Top 10 Causes of Deaths in India

1. Ischemic heart disease	15 %	6. Diarrheal disease	4%
2. Lower respiratory infections	11%	7. Tuberculosis	4%
3. Cerebrovascular disease	7 %	8. HIV/AIDS	3%
4. Perinatal conditions	7%	9. Road traffic accidents	2%
5. Chronic obstructive pulmonary disease	5%	10. Self-inflicted injuries	2%

WHO World Health Statistics, 2006

HIV/AIDS

CDC opened an office in India in 2001 and currently maintains offices in Delhi, Chennai, and Hyderabad. In support of the National AIDS Control Organization, CDC has focused its efforts on preventing new infections, increasing the number of persons living with HIV/AIDS who receive services, strengthening program capacity, and establishing a single monitoring and evaluation system. CDC works with in-country partners to design, implement, and evaluate HIV/AIDS strategic information systems and to provide training on using data in HIV prevention, care, and treatment programs. CDC also supports quality assurance/control for HIV testing in national and state reference laboratories, trains laboratory workers, and provides guidance for laboratory system strengthening and human capacity development.

Tuberculosis

CDC has provided technical assistance for tuberculosis (TB) control efforts since 1997. Nationwide coverage of directly observed therapy (a leading TB control strategy) was achieved in 2006. Since 2007 CDC has provided guidance for the expansion of TB/HIV and TB infection control, program management of multidrug-resistant TB activities, and support for operational research and surveillance.

Immunization

Since 1993 CDC has continuously assigned its experts to WHO regional and country offices in India. CDC's technical support and leadership have been instrumental in developing and effectively implementing polio eradication strategies, strengthening the national immunization program, and more recently, supporting accelerated measles control. In January 2012 India celebrated one year without a new case of wild poliovirus and was removed from the list of polio endemic countries. CDC continues to support India in remaining polio-free, and to improve measles control while expanding to other immunizations and surveillance of vaccine-preventable diseases.

Foodborne Infections

Through the foodborne infections WHO-sponsored program, CDC builds surveillance capacity to identify infections caused by contaminated food. With the goal of reducing the number of foodborne illnesses and related economic costs, the program brings multidisciplinary scientists together and conducts training to detect foodborne disease.

India at a Glance

Population:	1,241,275,000
Per capita income:	$3,280
Life expectancy at birth women/men:	65/63 yrs
Infant mortality rate:	50/1,000 live births

Population Reference Bureau World Population Data Sheet, 2011

Global Disease Detection (GDD)

CDC collaborates with the government of India to increase global security from threats of new and reemerging diseases and supports the International Health Regulations. Established in 2009, the India GDD Center coordinates with local, regional, and global public health entities to rapidly detect, accurately identify, and promptly contain emerging infectious disease threats. The initial focus of the GDD Center, located at India's National Centre for Disease Control, is to establish the India Epidemic Intelligence Service (EIS) (post-graduate field training modeled on the U.S. EIS program) and to strengthen surveillance and outbreak response.

Influenza

CDC has supported surveillance capacity building since 2004, leading to improved characterization of circulating influenza viruses and capacity to rapidly detect novel viruses, including avian influenza viruses. CDC-supported laboratory training and preparedness workshops have strengthened India's response measures against seasonal, avian, and pandemic influenza. CDC also collaborates with Indian partner organizations on research to quantify influenza burden, evaluate the effectiveness of influenza vaccines in young children at increased risk for severe respiratory illness, and identify optimal timing for influenza vaccination to provide information for developing a national influenza vaccination policy.

Field Epidemiology Training Program (FETP)

CDC supports the Indian EIS by providing technical assistance and a resident advisor. The national EIS program in Delhi provides competency-based training for government public health professionals. CDC helped establish a FETP in Chennai in 2004 to train public health leaders and to provide epidemiologic services to local health authorities. In 2006 CDC helped establish an academic program in Delhi, separate from the EIS program, which offers a Master's degree in Public Health.

Malaria and Other Vector-borne Diseases

CDC directly supports training and development of public health professionals working with malaria and other vector-borne diseases. Collaborative research projects include the impact of malaria on pregnant women, malaria-associated neurological disorders, drug resistance, procedures to detect the progression of the disease, and the effectiveness of malaria vaccines. CDC assists in evaluating the government's efforts to eliminate lymphatic filariasis (LF) through mass drug administration and treating those with LF, including a community-based lymphedema management program. CDC provides laboratory training and technical support for the identification of Japanese encephalitis, chikungunya, and other mosquito-borne viruses.

Noncommunicable Diseases

CDC provides expertise and consultation on many critical noncommunicable disease issues including chemical contaminants; air pollution and health impact; water quality, access, and sanitation; children's environmental health; prevention of occupational injury and diseases; preparedness and response for environmental emergencies; injury prevention and control; and initiatives on the health impact of solid fuel use and cleaner cook stoves. CDC also provides expertise on tobacco control surveillance, epidemiology and evaluation, research, training and capacity building for policy interventions. India is consistently implementing the four surveys of the Global Tobacco Surveillance System managed by CDC and WHO.

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